(MB) Revision: HCFA-PM-94-1

FEBRUARY 1994

WYOMING State/Territory:

Citation

4.22 Third Party Liability

42 CFR 433.137

- (a) The Medicaid agency meets all requirements of:
 - 42 CFR 433.138 and 433.139.
 - (2) 42 CFR 433.145 through 433.148.
 - (3) 42 CFR 433.151 through 433.154. Sections 1902(a)(25)(H) and (I) of the

1902(a)(25)(H) and (I) Act. of the Act

- (b) ATTACHMENT 4.22-A --42 CFR 433.138(f)
 - Specifies the frequency with which the data exchanges required in \$433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in \$433.138(e) are conducted;
- 42 CFR 433.138(g)(1)(ii) and (2)(ii)
- (2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);
- 42 CFR 433.138(g)(3)(i) and (iii)
- (3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(:i) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and
- 42 CFR 433.138(g)(4)(i) through (iii)
- (4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

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42 CFR 433 (ii)(A)	.139(b)(3)	(c)	part: are : child	iders are required to bill liable third ies when services covered under the plan furnished to an individual on whose behalf d support enforcement is being carried out he State IV-D agency.
		(d)	ATTA	CHMENT 4.22-B specifies the following:
42 CFR 433	.139(b)(3)(ii)(C)		(1)	The method used in determining a provider's compliance with the third party billing requirements at §433.139(b)(3)(ii)(C).
42 CFR 433	.139(f)(2)		(2)	The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that seeking recovery o reimbursement would not be cost effective
42 CFR 433	.139(f)(3)		(3)	The dollar amount or time period the Statuses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
42 CFR 447	.20	(e)	furn: liab	Medicaid agency ensures that the provider ishing a service for which a third party is le follows the restrictions specified in FR 447.20.

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Citation	4.22	(con	tinued)		
42 CFR 433.151(a)		(f)	The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with the following: (Check as appropriate.)		
			State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.		
			Other appropriate State agency(s)		
			Other appropriate agency(s) of another State		
			Courts and law enforcement officials.		
1902(a)(60) of the Act	(g)	The Medicaid agency assures that the State has in effect the laws relating to medical child, support under section 1908 of the Act.		
1906 of th	e Act	(h)	The Medicaid agency specifies the guidelines used in determining the cost effectiveness of an employer-based group health plan by selecting one of the following.		
			The Secretary's method as provided in the State Medicaid Manual, Section 3910.		
			The State provides methods for determining cost effectiveness on <u>ATTACHMENT 4.22-C</u> .		

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